



Early Childhood Program Request Form

Name of person coordinating program: _____

Email: _____ Best Phone Number: _____

Name of School: _____

School Address: _____

City: _____ Zip: _____

Main School Phone Number: _____

Number of presentations being requested: _____

Grade Level/Age if Preschool _____

Number of sections per grade: _____

Number of students per section: _____

Type of presentation requested: In-Person Virtual Pre-recorded Video

If applicable, date of last year's presentation(s): _____

Preferred month and days of the week:

Additional Information: _____

Please email form to Theresa Greinig - theresa@swancc.org.